

**Request to Employ KTRS RETIREE
in any Full-time Position, Critical Shortage Full-time or
Critical Shortage Part-time (Not for Waiver)**

**** School Year 2010-2011 ****

The _____ district/agency wishes to employ full-time/part-time the following KTRS retiree for the **2010-2011 school year**. (Full-time means employment in a position equal to or greater than 7/10 of the normal contract term for that position. Part-time is less than 7/10.) Each district/agency may employ KTRS retirees full-time, with a Daily Wage Threshold (DWT), as outlined in KRS 161.605(4). These positions are limited to 3% of the district's/agency's active full-time KTRS employees. Local school districts will also be able to employ KTRS retirees, without a DWT, as set forth in KRS 161.605(8). These positions are limited to 1% of the district's active full-time KTRS employees. Employers pay an additional 11.92%.

THE NUMBER OF DAYS THAT MAY BE WORKED IN A FULL-TIME or PART-TIME CRITICAL SHORTAGE POSITION WILL BE PRO RATED DURING THE INITIAL YEAR OF RETIREMENT FOR PERSONS RETIRING AFTER JULY 1 OF ANY YEAR.

KTRS RETIREE INFORMATION

Name _____
First Middle Last

Social Security Number _____

District/Agency/other employer
From which this employee retired _____

Retiree's Mailing
Address _____

City and State _____ Zip Code _____ Phone (____) _____

The district requests approval to employ this retiree on a Full-time or Critical Shortage basis and will do so in compliance with KRS 161.605. The district is advised to ensure its compliance with any relevant statutes and regulations of the Kentucky Department of Education.

If employee is eligible for your State Health Insurance, this Health Insurance will be effective _____ 1st, 20____
month yr

District/Agency _____ Contact Person (print) _____ Phone # _____ Fax # _____

Signature of Authorized District/Agency Designee _____ Date _____

Place this employee in: ☐ Critical Shortage Full-time OR ☐ Critical Shortage Part-time employment.

This request must be submitted PRIOR to employment. ONLY FULLY COMPLETED FORMS WILL BE PROCESSED.

Submit request by: Fax: 502/848-8599 for faster approval or mail to KTRS, 479 Versailles Road, Frankfort KY 40601-3800

TO BE COMPLETED BY KTRS

☐ This request has been
APPROVED ONLY for 2010-2011 school year.

☐ Each Year upon receiving this approval,
please mail a completed F-1 RET form to KTRS
for the retiree listed above.

☐ This employee will be included in the 1% Critical
Shortage group and this district will remit an
additional 11.92% each pay period.

☐ This request is returned NOT APPROVED per the
attached reason.

DAILY WAGE THRESHOLD (DWT):

\$ _____

Authorized KTRS Designee _____

Date _____